



# FEE TRANSMITTAL for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ **810.00**)

| Complete if Known    |                     |
|----------------------|---------------------|
| Application Number   | 10/518,670          |
| Filing Date          | December 17, 2004   |
| First Named Inventor | Carl L. Christensen |
| Examiner Name        | Andrew Lai          |
| Art Unit             | 2416                |
| Attorney Docket No.  | PU020289            |

**METHOD OF PAYMENT (check all that apply)**

**CUSTOMER NUMBER: 24498**

Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account: Deposit Account Number **07-0832** Deposit Account Name: **THOMSON LICENSING LLC**  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of  Credit any overpayments  
fee(s) under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <b>Application Type</b> | <b>FILING FEES</b>  |                 | <b>SEARCH FEES</b>  |                 | <b>EXAMINATION FEES</b> |                 |                       |
|-------------------------|---------------------|-----------------|---------------------|-----------------|-------------------------|-----------------|-----------------------|
|                         | <b>Small Entity</b> | <b>Fee (\$)</b> | <b>Small Entity</b> | <b>Fee (\$)</b> | <b>Small Entity</b>     | <b>Fee (\$)</b> | <b>Fees Paid (\$)</b> |
| Utility                 | 300                 | 150             | 500                 | 250             | 200                     | 100             | _____                 |
| Design                  | 200                 | 100             | 100                 | 50              | 130                     | 65              | _____                 |
| Plant                   | 200                 | 100             | 300                 | 150             | 160                     | 80              | _____                 |
| Reissue                 | 300                 | 150             | 500                 | 250             | 600                     | 300             | _____                 |
| Provisional             | 200                 | 100             | 0                   | 0               | 0                       | 0               | _____                 |

**2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 (including Reissues)

**Small Entity**

**Fee (\$)** **Fee (\$)**

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

**Total Claims**

**Extra Claims**

**Fee (\$)**

**Fee Paid (\$)**

**Multiple Dependent Claims**

**Fee (\$)** **Fee Paid (\$)**

- or HP = \_\_\_\_\_ x \$50 = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Independent Claims**

**Extra Claims**

**Fee (\$)**

**Fee Paid (\$)**

- or HP = \_\_\_\_\_ x \$200 = 0

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**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <b>Total Sheets</b> | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> |
|---------------------|---------------------|---|-----------------|----------------------|
| - 100 = _____       | / 50 = _____        | (round up to a whole number) x _____                    | = _____         | = _____              |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

**Fees Paid (\$)**

Other (e.g., late filing surcharge): **FEES FOR RCE**

**-\$810.00**

**\$810.00**

**SUBMITTED BY**

|                          |                       |  |               |                  |                       |
|--------------------------|-----------------------|--|---------------|------------------|-----------------------|
| <b>Name (Print/Type)</b> | <b>ROBERT B. LEVY</b> | <b>Registration No.<br/>(Attorney/Agent)</b> | <b>28,234</b> | <b>Telephone</b> | <b>(609) 734-6820</b> |
| <b>Signature</b>         | <i>Robert B. Levy</i> |  |               |                  |                       |

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.4. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 810.00)

**Complete if Known**

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| Examiner Name        | <b>Andrew Lai</b>          |
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## 2. EXCESS CLAIM FEES

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|---------------------|---------------------|---|-----------------|----------------------|
| _____               | - 100 = _____       | / 50 = _____ (round up to a whole number) x             | _____           | = _____              |

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Fees Paid (\$)

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\$810.00

### SUBMITTED BY

|                          |                       |  |               |                  |                         |
|--------------------------|-----------------------|--|---------------|------------------|-------------------------|
| <u>Name (Print/Type)</u> | <u>ROBERT B. LEVY</u> | <u>Registration No. (Attorney/Agent)</u> | <u>28,234</u> | <u>Telephone</u> | <u>(609) 734-6820</u>   |
| <u>Signature</u>         |                       |  |               |                  | <u>October 19, 2009</u> |

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